WHAT YOU SHOULD KNOW

PATIENTS, PHYSICIANS AND CAREGIVERS

Information and Checklists
New Jersey Medicinal Marijuana Program















NEW JERSEY MEDICINAL MARIJUANA PROGRAM

PATIENT INFORMATION

The New Jersey Medicinal Marijuana Program (NJMMP) was created to serve qualified patients who suffer from diseases and conditions that are treated with medical *Cannabis* (see below). The program is part of the Department of Health and Senior Services (DHSS). Patients, their physicians and primary caregivers must register with DHSS and get a NJMMP ID card to participate.

Patient Qualifications

- 1. You must be a New Jersey resident
- 2. Your doctor must certify that you have a qualifying disease or condition

Qualifying Diseases and Conditions

- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Cachexia or Wasting Syndrome*
- Cancer
- Glaucoma
- HIV AIDS
- Inflammatory Bowel Disease, including Crohn's Disease
- Intractable Skeletal Muscular Spasticity
- Multiple Sclerosis
- Muscular Dystrophy
- Seizure disorders, including Epilepsy
- Severe or chronic pain*
- Severe nausea or vomiting*
- Terminal illness (less than 12 month prognosis)

3. You must have a bona fide doctor-patient relationship, defined by the State as:

At least 1 year of care for you or...

At least 4 visits for your qualifying condition or...

Doctor takes responsibility to treat your qualifying condition

4. You doctor must be registered in the program and must begin your registration, which you will complete at http://njmmp.nj.gov.

About Your Primary Care Giver

You may also designate a primary caregiver to assist you in the program. Primary caregivers must also register with the State (see Primary Caregiver Information below).

About Your Alternative Treatment Center

When registering, you must select Compassionate Sciences or another State-recognized alternative treatment center as your designated dispensary of medicinal *Cannabis*. Patients can change ATCs, but may only be registered with one at a time.

For Official Program Information, Please Contact:

New Jersey Medicinal Marijuana Program Department of Health and Senior Services (609) 292-0424 http://www.state.nj.us/health/medicalmarijuana/

^{*} If a symptom of cancer or HIV/AIDS

HOW TO REGISTER

Patients

What Do I Need? Your General Checklist
 ☐ Your full name, address, date of birth, telephone number and signature ☐ Name, address and telephone number of your physician ☐ Physician certification identification number (obtain from your doctor) ☐ Name, address and telephone number of your alternative treatment center*
* Patients can register with only one alternative treatment center
What Else Do I Need? Your Document Checklist
 → Proof of identity - government-issued photo ID → Proof of New Jersey residency (one or more of the following): • New Jersey driver's license • Government-issued photo ID card • Utility bill issued or credit card issued within previous 2 months
☐ One recent, passport-sized color photograph
☐ For minors, written consent and accountability statement by parent, guardian or custodian
Miller of Decree 14 Octobr

What Does it Cost?

Registration Fee. The State will charge a registration fee of \$200 (two hundred dollars) if you qualify and receive your NJMMP ID card.

Discounted Fee. The State will charge a discounted registration fee of \$20 (twenty dollars) for patients who qualify for in one of the following programs:

- New Jersey Medicaid Program
- Current Food Stamp Benefit Card
- New Jersey Temporary Disability Insurance
- Supplemental Security Income (SSI)
- Social Security Disability (SSD)

NEW JERSEY MEDICINAL MARIJUANA PROGRAM

PHYSICIAN INFORMATION

Your Qualifications

- New Jersey Medical License
- Practice in the State
- Controlled dangerous substances registration from New Jersey Division of Consumer Affairs
- You must be registered with the NJMMP

Your Patient's Qualifications

- 1. Must be a New Jersey resident
- 2. Must have your certification of a qualifying disease or condition

Qualifying Diseases and Conditions

- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Cachexia or Wasting Syndrome*
- Cancer
- Glaucoma
- HIV AIDS
- · Inflammatory Bowel Disease, including Crohn's Disease
- Intractable Skeletal Muscular Spasticity
- Multiple Sclerosis
- Muscular Dystrophy
- Seizure disorders, including Epilepsy
- Severe or chronic pain*
- Severe nausea or vomiting*
- Terminal illness (less than 12 month prognosis)

3. Must have a bona fide relationship with you, as defined by the State:

At least 1 year of care or...

At least 4 visits for the qualifying condition or...

You agree to treat the qualifying condition

4. Must be registered in the program and have a NJMMP ID card

About Primary Care Givers

Your patients may also designate a primary caregiver to assist you in the program. Primary caregivers must also register with the State (see Primary Caregiver Information below).

About Alternative Treatment Centers

When registering, your patients must select Compassionate Sciences or another State-recognized alternative treatment center as your designated dispensary of medicinal *Cannabis*. Patients can easily change ATCs, but may only be registered with one at a time.

For Official Program Information, Please Contact:

New Jersey Medicinal Marijuana Program Department of Health and Senior Services (609) 292-0424 http://www.state.nj.us/health/medicalmarijuana/

^{*} If a symptom of cancer or HIV/AIDS

HOW TO REGISTER

Physicians

illysic	olaris
What Do I N	leed? Your Registration Checklist
☐ You	ur name and date of birth
☐ NJ	medical and CDS license numbers
☐ Co	 must certify in writing to your: Professional license and good standing CDS number Patient's qualifying condition Your completion of addiction and pain management education in past 2 years mplete online registration forms, create accounts for your office to use in updating tient records
	n a certification statement (see below)
	Physician Certification. I have a bona fide and ongoing relationship with this patient as defined by N.J.A.C. 8:64 et. seq., and as such have completed a comprehensive history and physical on this patient and have documented an assessment and treatment plan. This patient may benefit from the use of

medicinal marijuana. I have provided education to the patient on the lack of scientific consensus for the use of medical marijuana, its sedative properties and the risk of addiction. The patient has provided informed consent. I will continue to follow this patient at a minimum of every three months and reassess the patient's debilitating medical conditions and response to treatment options. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the identified debilitating condition, I certify that I will notify the Department in writing.

What Does My Patient Need? Your Patient Checklist



☐ Name, address, date of birth and condition
☐ Secure patient ID, which is created once you submit patient information
☐ Provide your secure ID to patient (patient uses ID to complete registration online)
☐ Or, give printed patient ID page to the patient to fill out and mail to NJMMP

HOW TO REGISTER

Primary Caregivers

Patients who qualify for the New Jersey Medicinal Marijuana Program (NJMMP) can designate a primary caregiver to assist them in the program. Primary caregivers must register with the State and agree to assist with a qualified patient's medical use of marijuana.

What Do I Need? Your Registration Checklist



☐ Your full name, address, date of birth, telephone number and signature
☐ Written consent to submit to a criminal background check
☐ Application fee (\$200)
☐ Statement that you will assist with medical use of <i>Cannabis</i> , are not caring for another patient and are not the qualifying patient's physician
 □ Proof of New Jersey residency (one or more of the following) • New Jersey driver's license • Government–issued ID card with your name and address • Utility bill issued within previous 2 months
☐ One recent, passport-sized color photograph